

NEVADA DEPARTMENT OF CORRECTIONS	SERIES 600 HEALTH CARE SERVICES	SUPERSEDES: IB 94-10 (01/10/94)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 630 EMERGENCY MEDICAL RESPONSE PROCEDURE TEMP	EFFECTIVE DATE: 08/25/03

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PURPOSE

To set forth guidelines for medical response to emergencies in the Department's institutions and facilities.

To establish a Medical Response Code (MRC) in the event of an injured or ill inmate, visitor, or staff member in need of prompt medical attention.

To provide emergency care/response to medical emergencies for all inmates, staff, and visitors at each institution and facility of the Department.

AUTHORITY

NRS 209.131

NRS 209.381

RESPONSIBILITY

All Departmental staff has the responsibility to have knowledge of and comply with this regulation.

DEFINITIONS

CARDIOPULMONARY RESUSCITATION (CPR) – A means of resuscitation approved by the American Heart Association and/or the American Red Cross.

DEPARTMENT – The Nevada Department of Corrections.

DIRECTOR – The Director of the Department of Corrections.

GATEKEEPER – A facility or individual designated to make medical decisions for a conservation camp's medical issues.

MEDICAL EMERGENCY – An accident, injury, or manifestation of an illness that threatens or potentially threatens loss of life or limb.

MEDICAL OFFICER – The individual at a camp who coordinates the medical services required by inmates with the gatekeeper institution.

MEDICAL RESPONSE CODE (MRC) –The systematic method of responding to medical emergencies.

MEDICAL RESPONSE DATA (MRD) – Identification of the pertinent patient information to provide to the Medical Response Team.

MEDICAL RESPONSE TEAM (MRT) – A medical team equipped to respond to the call of an injured inmate, visitor, or staff requiring immediate medical treatment.

APPLICABILITY

This regulation applies to all emergencies occurring at institutions and/or facilities within the Department.

PROCEDURES

630.01 EMERGENCY MEDICAL RESPONSE PROCEDURE

1.1 During a medical emergency, the medical staff will manage the medical aspects of the emergency once they are notified. **(3-4350)**

1.1.1 This includes orders for transfer via ground or air transportation.

1.1.2 If no medical staff is available, correctional and other personnel that are trained to respond to health-related situations within a four-minute response time will manage the emergency including: **(3-4351)**

- Recognition of signs and symptoms, and knowledge of action required in potential emergency situations;
- Administration of first aid and cardiopulmonary resuscitation (CPR);
- Obtaining assistance;
- Observing signs and symptoms of mental illness, retardation, and chemical dependency;
- Patient transfers to appropriate medical facilities or health care providers;
- If the patient is an inmate, give their name, Department number, and approximate age; and
- Identify the location of the patient, (i.e., unit, yard, etc.).

1.2 Correctional staff will manage the security of the medical emergency, including security and protection of medical staff, the injured or ill patient, and any non-department medical staff (i.e., EMT, paramedic, ambulance staff, or air ambulance crew).

1.3 Correctional staff must secure the area where the medical emergency exists and any route of medical transfer as quickly as possible after the medical emergency is identified.

1.4 Certified correctional staff or inmates may begin basic resuscitation (BLS) prior to medical staff arrival or if medical staffs are unavailable.

1.5 Practice (mock) emergency medical responses will be scheduled, and take place at each institution and facility, under the direction of the Chief of Nursing Services, on a quarterly basis.

1.6 Medical equipment available for resuscitation will be checked and maintained by the Medical Division as mandated by Health Care Institutional Guidelines.

1.6.1 The Director of Nursing Services or medical officer will be responsible for the documentation of equipment maintenance at the institutions.

- 1.6.2 The Medical Officer is responsible in camps or areas without Medical Division staff.
- 1.7 Medical Division staff responding to medical emergencies is to provide medical care only to the degree of their training and certification.
- Advanced Cardiac Life Support (ACLS) may be implemented by trained personnel who are currently certified.
- 1.8 All Medical Division staff should maintain current certification in Basic Life Support (BLS).
- 1.9 Emergency medical supplies will be provided to areas where needed at each institution and facility. **(3-4352)**
- 1.9.1 The availability and placement of first aid kits are determined by the designated health authority in conjunction with the facility manager.
- 1.9.2 The health authority approves the contents, number, location, and procedures for monthly inspection of the kit(s) and develops written procedures for the use of the kits by nonmedical staff.
- 1.10 Emergency Medical Equipment inventories will be authorized and approved by the Medical Director/designee.
- 1.11 Reports:
- 1.11.1 A written report/statement Form (DOC-028), by the Reporting Officer(s) will be completed prior to the end of shift and given to the Shift Commander.
- 1.11.2 The Shift Commander will submit a written report to the Warden concerning the degree of injury/illness sustained, medical treatment rendered, and Medical Response time.
- 1.11.3 The Medical Response Personnel will submit a written report on an Unusual Occurrence Report, (DOC-2514), to the Warden concerning the degree of injury or illness sustained, medical treatment rendered, and Medical Response time.
- 1.12 Emergency Response Practice Drills
- 1.12.1 Emergency response practices will be held in conjunction with correctional staff of the institution and must be approved ahead of time, in writing, by the Warden.
- 1.12.2 Correctional staff will be involved in the practice.
- 1.12.3 No inmates will participate.

1.12.4 Analysis of the Emergency Response will be completed and forwarded to the Chief of Nursing Services, to the Medical Director and the Warden.

1.12.5 The practices may be combined with practice of outside emergency care provider's contingent upon approval from the Warden and Medical Administration.

1.12.6 Specific instructions, plans, and emergency response duties will be developed at each institution and facility.

- These may vary depending on the geographics and staffing of the facility. Example: Facilities without full time (24 hour) medical coverage should have two written procedures, both of which are practiced, one without medical staff present and one with medical staff present.

1.12.7 One emergency response practice will be a major disaster drill.

1.12.8 Both Medical and Custody staff will make a critical analysis of the practice response., and deficiencies will be addressed promptly.

1.12.9 The Medical Staff Development Coordinator/designee will coordinate the various medical training and employee development activities, events and disaster drill. Upon completion, the Medical Staff development Coordinator will maintain proper documentation and forward a copy to the Department's Employee Development manager.

630.02 INSTITUTIONAL EMERGENCY RESPONSE

1.1 Upon the occurrence of an incident or illness, the correctional staff on site will evaluate the situation prior to calling for assistance by identifying the pertinent information applicable to the patient, complete the Medical Response Data (taken from EMS-Emergency Medical Services, prepared for non-medical personnel) for Mandown and 911 calls, call Control immediately by telephone or radio with the appropriate information, the control officer will notify medical relaying the appropriate patient information.

1.2 The following information will be completed on the Mandown Card (see attached):

- Identification of the individual reporting the Mandown Call, including the date and time;
- Identify the patient's immediate medical problem or complaint that necessitated the call (fall, chest pain, stabbing, etc.);
- Identify if the patient is staff, visitor, or inmate;

- Identify the gender, male or female;
- Identify: Determine if the patient is awake. Determine if the patient is alert, (eyes open, responds to you verbally, knows his or her own name, can tell you what the problem is);
- Identify if the patient is breathing. (If the patient does not open eyes or respond verbally, lay a hand on the chest and observe if chest rises and falls);
- Identify if the patient is having difficulty breathing (ask patient);
- Identify if the patient complains of pain and describe the location of the pain (ask the patient); and
- Identify if the patient is bleeding and describe the location of the bleeding.

1.3 Identify the person receiving the Mandown Call.

1.3.1 All Mandown questions, that are applicable to the patient, will be asked by the individual who receives the Mandown Call.

1.3.2 Answers to Mandown questions, which are applicable to the patient, will be provided by the individual placing the Mandown Call.

630.03 COMMUNITY EMERGENCY RESPONSE:

1.1 The officer on-site will provide to control the answers to questions listed above under Mandown Calls that are applicable to the patient. Additionally,

1.1.1 Identify if medical staff personnel will be escorting the patient.

1.1.2 Identify what has been done for the patient, e.g., IV, cardiac monitor, medication, etc.

1.1.3 Identify any remaining pertinent medical information.

1.1.4 Identify the best entrance available for 911 personnel to enter the prison grounds (correctional staff will make this determination).

1.2 Clarification of the answers to all questions except 1.1.4 must be obtained from the Medical

Division prior to Control calling 911.

1.3 Omit inmate's name and Department number when placing this call.

1.4 The Control officer receiving the Medical Response Data will immediately report the Data to the on-duty Medical Charge Nurse/Supervisor for the immediate dispatch of a medical team, and thereafter immediately notify the shift commander of the call; recording time of the call, and all information received.

1.5 The Medical Unit responding will bring all medical emergency equipment needed to provide the required emergency medical treatment.

1.6 Medical Response Data - The Medical Data will be used to identify the injury, medical treatment needed, and the Medical Response Team personnel required.

1.6.1 A Forensic or Custody Officer will provide escort for all Medical Response Teams.

1.6.2 If the Medical Response Data received indicates the patient can be brought to the clinic for non-emergency treatment, the Medical Emergency personnel will either notify custody or assign a Forensic to transport the patient to the clinic.

630.04 EMERGENCY MEDICAL PLAN FOR INSTITUTIONS

1.1 Institutions will provide for 24-hour emergency medical, dental, and mental health care availability as outlined in a written plan. The plan will include arrangements for the following:

- On-site emergency first aid and crisis intervention;
- Emergency evacuation of the inmate from the facility;
- Use of an emergency medical vehicle;
- Use of one or more designated hospital emergency rooms or other appropriate health facilities;
- Emergency on-call physician, dentist, and mental health professional services when the emergency health facility is not located in a nearby community; and
- Security procedures providing for the immediate transfer of inmate when appropriate.

REFERENCES

ACA Standards 3-4350, 3-4351, and 3-4352
NCCHC Standard Disaster Planning J-11

ATTACHMENTS

Unusual Occurrence Report, DOC-2514
Man Down Call Checklist, DOC-2699
Informative, DOC-028

Jackie Crawford, Director

Date

Ted D'Amico, D.O., Medical Director

Date

CONFIDENTIAL XX
 Yes No

THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON THIS SPECIFIC SUBJECT.